

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

5872

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT#
(Ethics Commission filers)

2 Total pages filed:

115

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

THORNTON

NICKNAME

LAST

SUFFIX

KEEL

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

23812 TRES CORONAS
SPICEWOOD, TX 78669

☐ Change of Address

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 264-3457

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

DONNA

NICKNAME

LAST

SUFFIX

KEEL

7 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

23812 TRES CORONAS
SPICEWOOD, TX 78669

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 264-3467

9 REPORT TYPE

☒

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10 / 24 / 2004

THROUGH

Month

Day

Year

12 / 31 / 2004

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 02 / 2004

ELECTION TYPE

☐

Primary

☐

Runoff

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

TRAVIS COUNTY CONSTABLE PCT 3

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

-- Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. --

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

THORNTON KEEL

16 ACCOUNT # (Ethics Commission files)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,411.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 10.00

4. TOTAL POLITICAL EXPENDITURES

\$ 8,347.12

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

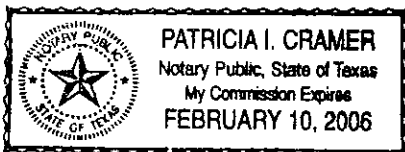
\$ 4,278.51

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Thornton J. Keel, this the 4th day of January, 2005, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A 1
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this report:
3/5

2 FILER NAME
Thornton Keel

3 ACCOUNT # (Ethics Commission filers)
00000000

4 Date
11/15/2004

5 Full name of contributor ☐ out-of-state PAC(ID# _____)
Austin Republican Women PAC

6 Contributor address; City; State; Zip Code
2327 Cypress Pl E
Austin TX 78746-7224

7 Amount of contribution (\$)
1000.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date
10/29/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Leonard & Karen Huber

Contributor address; City; State; Zip Code
23020 Pedernales Canyon Trl
Spicewood TX 78669-6431

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
10/29/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Gankeyan Kanthasamy

Contributor address; City; State; Zip Code
3815 Manchaca Rd Apt 22
Austin TX 78704-6755

Amount of contribution (\$)
500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
10/29/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Lake Travis Republican Women PAC

Contributor address; City; State; Zip Code
106 Spellbrook Ln
Lakeway TX 78734-4604

Amount of contribution (\$)
611.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date
10/29/2004

Full name of contributor ☐ out-of-state PAC(ID# _____)
Mike & Sabina Mann

Contributor address; City; State; Zip Code
19 Muirfield Greens Ln
Lakeway TX 78738-1114

Amount of contribution (\$)
100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A 1**
(FOR FORMS C/OH & SPAC)

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages this report: 4/5	
2 FILER NAME Thornton Keel		3 ACCOUNT # (Ethics Commission filers) 00000000	
4 Date 10/29/2004	5 Full name of contributor <input type="checkbox"/> out-of-state PAC(ID# _____) Steve & Jamie Walla 6 Contributor address; City; State; Zip Code 11802 Uplands Ridge Dr Bee Cave TX 78738-5033	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation (Optional)		10 Employer (Optional)	

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 Total pages report: 5/5
2 FILER NAME Thornion Keel		3 ACCOUNT # (Ethics Commission form) 00000000
4 Date 10/24/2004	5 Payee name Classic Typresetting	7 Amount (\$) 2144.03
6 Payee address; City; State; Zip Code PO Box 90067 Austin TX 78709-0067		
8 Purpose of expenditure (See instructions regarding type of information required.) Campaign materials		9 Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 11/02/2004	Payee name Terry Phillips	Amount (\$) 250.00
Payee address; City; State; Zip Code 4400 Ridge Pole Ln Spicewood TX 78669-6142		
Purpose of expenditure (See instructions regarding type of information required.) Photography		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/29/2004	Payee name Texas Mailhouse, Inc.	Amount (\$) 1100.47
Payee address; City; State; Zip Code 8606 Wall St Austin TX 78754		
Purpose of expenditure (See instructions regarding type of information required.) Mail		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 10/28/2004	Payee name U. S. Postmaster	Amount (\$) 4842.62
Payee address; City; State; Zip Code Downtown Station Austin TX 78701-2924		
Purpose of expenditure (See instructions regarding type of information required.) Postage		Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held